



General Assembly

February Session, 2008

***Raised Bill No. 476***

LCO No. 2180

\*02180\_\_\_\_\_INS\*

Referred to Committee on Insurance and Real Estate

Introduced by:  
(INS)

***AN ACT CONCERNING THE ASSIGNMENT OF BENEFITS TO A  
PHYSICIAN.***

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 38a-491b of the general statutes is repealed and  
2 the following is substituted in lieu thereof (*Effective January 1, 2009*):

3 No insurer, health care center, hospital and medical service  
4 corporation or other entity delivering, issuing for delivery, renewing,  
5 continuing or amending any individual health insurance policy in this  
6 state on or after [July 1, 2000] January 1, 2009, providing coverage of  
7 the type specified in subdivisions (1), (2), (4), (11) and (12) of section  
8 38a-469, and no dental services plan offering or administering dental  
9 services [may] shall refuse to accept or make reimbursement pursuant  
10 to an assignment of benefits made to a dentist, [or] oral surgeon or  
11 physician by an insured, subscriber or enrollee, provided (1) the  
12 dentist, [or] oral surgeon or physician charges the insured, subscriber  
13 or enrollee no more for services than the dentist, [or] oral surgeon or  
14 physician charges uninsured patients for the same services, and (2) the  
15 dentist, [or] oral surgeon or physician allows the insurer, health care  
16 center, corporation or entity to review the records related to the

17 insured, subscriber or enrollee during regular business hours. The  
 18 insurer, health care center, corporation or entity shall give the dentist,  
 19 [or] oral surgeon or physician at least forty-eight hours' notice prior to  
 20 such review. As used in this section, "assignment of benefits" means  
 21 the transfer of dental care coverage reimbursement benefits or other  
 22 rights under an insurance policy, subscription contract or dental  
 23 services plan by an insured, subscriber or enrollee to a dentist, [or] oral  
 24 surgeon or physician.

25 Sec. 2. Section 38a-517b of the general statutes is repealed and the  
 26 following is substituted in lieu thereof (*Effective January 1, 2009*):

27 No insurer, health care center, hospital and medical service  
 28 corporation or other entity delivering, issuing for delivery, renewing,  
 29 continuing or amending any group health insurance policy in this state  
 30 on or after [July 1, 2000] January 1, 2009, providing coverage of the  
 31 type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-  
 32 469, and no dental services plan offering or administering dental  
 33 services [may] shall refuse to accept or make reimbursement pursuant  
 34 to an assignment of benefits made to a dentist, [or] oral surgeon or  
 35 physician by an insured, subscriber or enrollee, provided (1) the  
 36 dentist, [or] oral surgeon or physician charges the insured, subscriber  
 37 or enrollee no more for services than the dentist or surgeon charges  
 38 uninsured patients for the same services, and (2) the dentist, [or] oral  
 39 surgeon or physician allows the insurer, health care center, corporation  
 40 or entity to review the records related to the insured, subscriber or  
 41 enrollee during regular business hours. The insurer, health care center,  
 42 corporation or entity shall give the dentist, [or] oral surgeon or  
 43 physician at least forty-eight hours' notice prior to such review. As  
 44 used in this section, "assignment of benefits" means the transfer of  
 45 dental care coverage reimbursement benefits or other rights under an  
 46 insurance policy, subscription contract or dental services plan by an  
 47 insured, subscriber or enrollee to a dentist, [or] oral surgeon or  
 48 physician.

This act shall take effect as follows and shall amend the following sections:		
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Section 1	<i>January 1, 2009</i>	38a-491b
Sec. 2	<i>January 1, 2009</i>	38a-517b

***Statement of Purpose:***

To require health insurers to honor an assignment of benefits made by an insured, subscriber or enrollee to a physician.

*[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]*